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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

| | | o o la contrata | ar, or tax year beginning 01 C Name of organization | L-01-2009 and ending 12-31-200 | 09 | D Employer id | entification number | | |
|--------------------------------|-----------|---|--|---|---------------------|--------------------------------------|------------------------------|--|--|
| _ | iress ch | nange use IRS | GREATER PEORIA CONTRACT AND SUPPLIERS ASSOCIATION | | | 37-10043 | 33 | | |
| ┌ Nar | ne cha | | Doing Business As | | | E Telephone n | umber | | |
| ┌ Init | ıal retu | | Number and street (or P.O. | box if mail is not delivered to street addr | ess) Room/suite | (309) 692- | 5710 | | |
| ┌ _{Ter} | mınate | Instruc- tions. | 1811 W ALTORFER DRIVE | services to street sales | in the same | G Gross receipts | \$ \$ 588,735 | | |
| ┌ Am | ended | return | City or town, state or countr | y, and ZIP + 4 | | | | | |
| Г _{Арр} | olication | n pending | PEORIA, IL 61615 | | | | | | |
| | | F Nai | ne and address of principa | lofficer | H(a) Is th | ■ ıs a group retur | n for | | |
| | | DANA | JOAKS | | | ites? | ⊤Yes ▼ No | | |
| | | | W ALTORFER DRIVE IA,IL 61615 | | H(h) Are a | II affiliates inclu | ded? | | |
| | | | | | 1 | | t (see instructions) | | |
| I Ta | x-exem | npt status 🔽 501(c | c) (6) ◀ (insert no) | 7(a)(1) or 527 | l . | ıp exemption ni | | | |
| у W | ebsit e | ∷► WWW GPCSA | O RG | | | | | | |
| | | | tion Trust Association | Other 🕨 | L Year of fo | ormation 1930 | M State of legal domicile IL | | |
| Pa | | Summary Briefly describe th | ne organization's mission o | r most significant activities | | | | | |
| Governance | | ACTIVE ROLE IN | I, AND/OR BENEFIT FROM | DE AN ONGOING ORGANIZATION, PROGRAMS AND SERVICES NILITY OF THE UNION CONSTRU | VHOSE OBJE | CTIVES ARE T | | | |
| ĕ. | | | | | | | | | |
| | | • | | ntinued its operations or dispose | | | | | |
| 20 양 | 3 | | | body (Part VI, line 1a) | | | 15 | | |
| Activities & | 4 | • | _ | ne governing body (Part VI, line 1 | b) | | 1 <u>15</u> | | |
| ş | 5 6 | | mployees (Part V , line 2a) olunteers (estimate if nece | | | 2 | 55 | | |
| ٠. | | | ated business revenue fron | | 7 | 'a C | | | |
| | 1 | | | Form 990-T, line 34 | • | | b 0 | | |
| | | | | · | Pric | or Year | Current Year | | |
| | 8 | Contributions an | d grants (Part VIII, line 1 | h) | | 154,450 | 0 | | |
| 를 | 9 | Program service | revenue (Part VIII, line 2 | | 417,696 | 548,853 | | | |
| Ravenue | 10 | Investment inco | me (Part VIII, column (A) | , lines 3, 4, and 7d) | | 12,791 | 8,163 | | |
| <u> </u> | 11 | Other revenue (F | art VIII, column (A), lines | 5,6d,8c,9c,10c,and11e) | | 2,623 | | | |
| | 12 | | idd lines 8 through 11 (mu | ne | 587,560 | 561,781 | | | |
| | 13 | | | column (A), lines 1-3) | | 0 | 3,000 | | |
| | 14 | | or for members (Part IX, co | | 0 | 61,219 | | | |
| | 15 | | | nefits (Part IX, column (A), lines | 5 – | | | | |
| Expenses | | 10) | | | 326,059 | 317,419 | | | |
| ₹ E | 16a | | | mn (A), line 11e) | | 0 | 0 | | |
| ठ | b | = . | penses (Part IX, column (D), line | · · · | | | | | |
| | 17 | • | | 11a-11d, 11f-24f) | | 257,342 | 151,491 | | |
| | 18 19 | • | | ual Part IX, column (A), line 25) | | 583,401 | 533,129 | | |
| <u>ም</u> | 19 | Revenue less ex | penses Subtract line 18 ii | om line 12 | Beginnin | 4,159 g of Current | 28,652 End of Year | | |
| Net Assets or Fund Balances |] | Tatal 1 /2 | mb V June 4.63 | | <u> </u> | rear | | | |
| A.B. | 20 21 | | rt X, line 16) | | | 811,604 77,875 | 843,576 | | |
| 2 E | 22 | • | nd balances Subtract line | | | 733,729 | 72,249 | | |
| | 11 III | Signature Bl | | 21 110111111111111111111111111111111111 | | , 55,,,25 | 771,327 | | |
| | | Under penalties of pe | егјигу, I declare that I have exa | mined this return, including accompanying | | | | | |
| | | and belief, it is true, | correct, and complete Declarati | on of preparer (other than officer) is bas | ed on all informat | ion of which prepa | rer nas any knowledge | | |
| Sign | | ***** | | | 2010- | -07-14 | | | |
| Here | 2 | Signature of office | er | Date | | | | | |
| | | DANA J OAKS EXI | ECUTIVE DIRECTOR | | | | | | |
| | | F Type of print nam | сана нас | 1 1 | | T ₂ | | | |
| . | | Preparer's JAMES | S E BODTKE CPA | Date | Check if self- | Preparer's ident (see instruction | | | |
| Paid | | Signature | | | empolyed 🕨 🦵 | | | | |
| Prepa Use (| arer's | Firm's name (or your if self-employed), | • | | | EIN Þ | _ | | |
| USE (| Jilly | address, and ZIP + 4 | 8919 North Knoxville | | | | | | |
| | | | Peoria, IL 61615 | | | Phone no 🕨 (| | | |
| Mayt | he IR | S discuss this retu | ırn with the preparer showr | n above? (see instructions) | | | ▼ Yes | | |

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO COORDINATE COLLECTIVE BARGAINING AMONG CONTRACTORS AND UNIONS AND TO DEVELOP MANPOWER SAFETY, EDUCATION, AND AFFIRMATIVE ACTION PROGRAMS AS WELL AS TO PROVIDE LEGISLATIVE AFFAIRS, TRUSTEESHIP, AND INFORMATIONAL SERVICES ALSO SERVES AS A CENTRAL LOCATION FOR BLUEPRINT PLANS FOR UPCOMING CONSTRUCTION JOBS

| MANPOWER, SAFETY, AND AFFIRM) (Expenses \$ SISLATIVE ACTION, TRUSTEESHIP, services (Describe in Sche | 17,671 including grants of \$ AND INFORMATIONAL SERVICES |) (Revenue \$) (Revenue \$ (Revenue \$ |) |
|---|---|---|---|
| MANPOWER, SAFETY, AND AFFIRM) (Expenses \$ SISLATIVE ACTION, TRUSTEESHIP, | MATIVE ACTION PROGRAMS 17,671 including grants of \$ AND INFORMATIONAL SERVICES | |) |
| MANPOWER, SAFETY, AND AFFIRM) (Expenses \$ | MATIVE ACTION PROGRAMS 17,671 including grants of \$ | |) |
| MANPOWER, SAFETY, AND AFFIRM) (Expenses \$ | MATIVE ACTION PROGRAMS 17,671 including grants of \$ | |) |
| , , , , | , |) (Revenue \$ |) |
| , , , , | , |) (Revenue \$ |) |
|) (Expenses \$ | 14,450 including grants of \$ |) (Revenue \$ |) |
|) (Expenses \$ | | | |
| COLLECTIVE BARGAINING APPOINT | | | |
| | , |) (Revenue \$ | , |
| | |) (Expenses \$ 380,188 including grants of \$ COLLECTIVE BARGAINING AMONG VARIOUS CONTRACTORS AND UNIONS | |

| | • | | Yes | No |
|-----|--|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | Νo |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | Νo |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | Νο |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | Νο |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No | ĺ | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | N o |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II | 15 | | Νο |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Νo |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Νo |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Νo |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | Νo |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | Νο |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Νo |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | Νο |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | | 28a | | Νo |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Νo |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV | 28c | | Νο |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νo |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Νo |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | Νo |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Νo |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | Νo |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Νo |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 20 | Yes | |

| | 990 (2009) | | | Page |
|--------|--|----------|-----|------|
| Pai | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | |
| | 1a 4 | | | |
| ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| | 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements filed for the calendar year ending with or within the year covered by this | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see | 2b | Yes | |
| | instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | No. |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | 110 |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| ь | · · | | | 140 |
| _ | If "Yes," enter the name of the foreign country | | | |
| | Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | | | |
| 6a | Prohibited Tax Shelter Transaction? | 5c 6a | | No |
| va | organization solicit any contributions that were not tax deductible? | - Oa | | NO |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | OD | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7a | | |
| | services provided to the payor? | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| | | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did | | | |
| | the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | | | |
| | business holdings at any time during the year? | 8 | | |
| 9 _ | Sponsoring organizations maintaining donor advised funds. | 0- | | |
| a b | Did the organization make any taxable distributions under section 4966? | 9a 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | 90 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| | facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| a L | Gross income from members or shareholders | | | |
| Ь | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12~ | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | 14a | | |
| _ | vear | | | |

year

1811 W ALTORFER PEORIA,IL 61615 (309) 692-5710

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se | ction A. Governing Body and Management | | | | |
|-----|--|----------------------------|---------|----------|--------------|
| | ction A. Governing body and Hanagement | | | Yes | No |
| | | | | 103 | 140 |
| | | | | | |
| 1a | Enter the number of voting members of the governing body | 15 | | | |
| b | Enter the number of voting members that are independent 1b | 15 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business other officer, director, trustee, or key employee? | s relationship with any | 2 | | Νο |
| 3 | Did the organization delegate control over management duties customarily performed by supervision of officers, directors or trustees, or key employees to a management compan | | 3 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since filed? | | 4 | | Νο |
| 5 | Did the organization become aware during the year of a material diversion of the organization | tion's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | inon 3 daysets | 6 | Yes | 110 |
| 7a | Does the organization have members, stockholders, or other persons who may elect one | | 7a | Yes | |
| ь | governing body? | | 7b | 103 | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions u | | 75 | | 140 |
| а | year by the following The governing body? | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who | | OD | 165 | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | Νo |
| | ction B. Policies (This Section B requests information about policies not requ | ired by the Internal | | | |
| ке | venue Code.) | | | 34 | N1- |
| | | | 40 | Yes | No |
| | Does the organization have local chapters, branches, or affiliates? | | 10a | | Νo |
| | If "Yes," does the organization have written policies and procedures governing the activit affiliates, and branches to ensure their operations are consistent with those of the organization. | zation? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing bo | dy before filing the form? | 11 | | No |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 9 | 90 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually inter- | ests that could give rise | | | |
| c | to conflicts? | policy? If "Yes," | 12b | Yes | |
| | describe in Schedule O how this is done | | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | | 13 | | Νo |
| 14 | Does the organization have a written document retention and destruction policy? | | 14 | | Νo |
| 15 | Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the del | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | | Νo |
| b | Other officers or key employees of the organization | | 15b | | Νo |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or sin taxable entity during the year? | | 16a | | Νο |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organiza | tion to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and taken ste organization's exempt status with respect to such arrangements? | | 16b | | |
| Se | ction C. Disclosure | | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 (3)s only) available for public inspection. Indicate how you make these available. Check is | | | | |
| 19 | Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing do interest policy, and financial statements available to the public See Additional Data Tab | • | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses th | | ie orda | nızatıor | n ▶ - |
| | G PEORIA CONT AND SUP ASSOC | | gu | | - |

JIM SHARAV

DIRECTOR
TREY SOLORIO

DIRECTOR STEVE VERARDO

DIRECTOR
JEREMY WRIGHT

DIRECTOR DEB YOUNG

PAST PRESIDENT

Name and Title

(F)

Estimated

amount of other

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."

(B)

Average

1 00

1 00

1 00

1 00

0 00

Х

Χ

Х

Х

hours

- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

(C)

Position (check all

that apply)

(D)

Reportable

compensation

0

Х

(E)

Reportable

compensation

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

| | | | | | _ | | _ | £ | C | |
|-----------------------------------|-------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| KURT BAUM PRESIDENT | 2 00 | х | | х | | | | 0 | 0 | 0 |
| ERIC BURSOTT VICE PRESIDENT | 2 00 | х | | х | | | | 0 | 0 | 0 |
| KEVIN OWEN SECRETARY/TREASURER | 2 00 | х | | Х | | | | 0 | 0 | 0 |
| DICK BARKER DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| ROB BAUM DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| MARGARET HANLEY DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| LINDSAY HARMS DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| ADRIANE LISENKO DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| JEFF LONG DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| JOEY METZLOFF DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| STEVE ROESCHLEY DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |

0

0

0

0

0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) A verage hours | Posi t | (C tion (hat a | ched | | II . | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estima amount o | ated fother |
|---|--------------------------|-----------------------------------|-----------------------|--|--------------|------------------------------|----------|---|---|--|---------------------|
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | compens from t organizati relat organiza | the on and ed |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Total | | | | <u>. </u> | | | ▶ | 0 | 0 | | 0 |
| Total number of individuals (including \$100,000 in reportable compensations) | ng but not l | lımıted t | o tho | se lı | | | e) wh | no received more tha | an | | |
| 2 Did the organization list any forms | | | | | | | | | | Yes | No |

| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
|---|--|---|----|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | No |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | Νο |

| Section R Independent Contracto |
|---------------------------------|
|---------------------------------|

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|-----------------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0

| Form 99 | | | 6.00 | | | | | Page 9 |
|--|----------|----------------------------------|---|--------------------------|----------------------|--|---|---|
| Part V | / | Statement o | f Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| \$ \$ | 1a | Federated cam | paigns 1a | | | | | |
| 西西 | ь | Membership du | es 1b | | | | | |
| S, G | С | Fundraising eve | ents 1c | | | | | |
| 無った | d | Related organiz | ations 1d | | | | | |
| <u>∞</u> <u>E</u> | e | Government grants | s (contributions) 1e | | | | | |
| ioi S | f | All other contribution | ons, gifts, grants, and 1f | | | j | | |
| <u>क</u> | g | | butions included in | | | | | |
| Contributions, gifts, grants and other similar amounts | | lines 1a-1f\$_ | | | | | | |
| ပ္ပမ | h | Total. Add lines | 3 1a-1f | 🟲 | | | | |
| <u> </u> | | | | Business Code | | | | |
| enu | 2a | INDUSTRY FUND A | DMINIST | 561,000 | 234,963 | 234,963 | | |
| ₽e∧ | ь | MEMBERSHIP DUES | S | 541,900 | 153,610 | 153,610 | | |
| <u>9</u> | С | PLAN ROOM | | 519,100 | 109,445 | 109,445 | | |
| Z. | d | PRINT COPY | | 561,439 | 22,257 | 22,257 | | |
| Program Service Revenue | e | MEMERSHIP/PROM | OTION PR | 541,900 | 15,055 | 15,055 | | |
| Š. | f | All other progra | ım service revenue | | 13,523 | 13,523 | | |
| ξ | g | Total. Add lines | s 2a-2f | ▶ | 548,853 | | | |
| | 3 | | ome (including dividen | | , | | | |
| | | and other simila | aramounts) | . ▶ | 8,163 | 8,163 | | |
| | 4 | Income from inves | tment of tax-exempt bond | proceeds 🕨 | | | | |
| | 5 | Royalties | | | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents Less rental | | | | | | |
| | b | expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental inco | me or (loss) | | | | | |
| | l_ | Cross amount | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of | | | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less cost or other basis and | | | | | | |
| | _ | sales expenses Gain or (loss) | | | | | | |
| | c d | | s) | ▶ | | | | |
| | 8a | Gross income f | | | | | | |
| ë | | events (not inc | luding | | | | | |
| Other Revenue | | * | ,080 reported on line 1c) | | | | | |
| è | | See Part IV, lin | | | | | | |
| <u>.</u> | ١. | | a | | | | | |
| ¥ | b с | | penses b loss) from fundraising | 25,831 | 3,249 | 3,249 | | |
| • | 9a | | rom gaming activities | events | 3,2.13 | 3,2.13 | | |
| | | See Part IV, lin | | | | | | |
| | | | а | 1,630 | | | | |
| | b | | penses b | 1,123 | 507 | 507 | | |
| | 10a | | loss) from gaming activ | vities | 307 | 307 | | |
| | IUa | Gross sales of returns and allo | | | | | | |
| | | | a | | | | | |
| | b | | oods sold b | | | | | |
| | С | | loss) from sales of inve | | | | | |
| | 11a | Miscellaneous | | Business Code 519,100 | 1,009 | 1,009 | | |
| | ь | OTHER REVEN | UE | 313,100 | 1,009 | 1,009 | | |
| | | | | | | | | |
| | C | All other revers | | | | | | |
| | d e | | ue | | | | | |
| | | rotan Add filles | , itu itu i i i | | 1,009 | | | |
| | 12 | Total revenue. | See Instructions | ▶↑ | 561,781 | 561,781 | 0 | 0 |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | | |
|--|--|---------|------------------------------|-------------------------------------|--|--|
| Do no | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 3,000 | 3,000 | | <u> </u> | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | | |
| 4 | Benefits paid to or for members | 61,219 | 61,219 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | | |
| 7 | Other salaries and wages | 211,556 | 194,442 | 17,114 | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 26,355 | 24,341 | 2,014 | | |
| 9 | Other employee benefits | 62,681 | 56,429 | 6,252 | | |
| 10 | Payroll taxes | 16,827 | 15,466 | 1,361 | | |
| 11 | Fees for services (non-employees) | | | | | |
| а | Management | | | | | |
| b | Legal | 7,860 | 7,860 | | | |
| c | Accounting | 3,600 | | 3,600 | | |
| d | Lobbying | | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | | |
| f | Investment management fees | | | | | |
| g | Other | | | | | |
| 12 | Advertising and promotion | 180 | | 180 | | |
| 13 | Office expenses | 24,106 | 7,768 | 16,338 | | |
| 14 | Information technology | 29,520 | 19,677 | 9,843 | | |
| 15 | Royalties | | | | | |
| 16 | Occupancy | 24,887 | | 24,887 | | |
| 17 | Travel | 16,267 | 3,221 | 13,046 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | |
| 19 | Conferences, conventions, and meetings | 105 | 105 | | _ | |
| 20 | Interest | | | | | |
| 21 | Payments to affiliates | | | | | |
| 22 | Depreciation, depletion, and amortization | 24,308 | 931 | 23,377 | | |
| 23 | Insurance | 2,808 | | 2,808 | | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | | |
| а | BAD DEBTS | 9,970 | 9,970 | 0 | 0 | |
| b | DIRECTORS EXPENSE | 7,880 | 7,880 | 0 | 0 | |
| c | | 1,222 | ,,,,,,, | - | | |
| d | | | | | | |
| e | | | | | | |
| f | All other expenses | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 533,129 | 412,309 | 120,820 | 0 | |
| 26 | Joint costs. Check here ► If following SOP 98-2 | 333,129 | 412,309 | 120,020 | | |
| 20 | Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | | |
| | campaign and ididialsing solicitation | L | | | | |

| Pa | rt X | Balance Sheet | | | |
|-----------------|------|---|--------------------------|-----|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 12,552 | 1 | 24,785 |
| | 2 | Savings and temporary cash investments | 383,755 | 2 | 296,032 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 47,207 | 4 | 69,611 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of | | | |
| | | Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of | | | |
| | | Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Š | 8 | Inventories for sale or use | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 585,722 | | | |
| | ь | Less accumulated depreciation 10b 234,835 | 368,090 | 10c | 350,887 |
| | 11 | Investments—publicly traded securities | | 11 | 102,261 |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 811,604 | 16 | 843,576 |
| | 17 | Accounts payable and accrued expenses . | 1,597 | 17 | 609 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 63,978 | 19 | 61,180 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| မ | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |
| 굨 | | persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | 12,300 | 25 | 10,460 |
| | 26 | Total liabilities. Add lines 17 through 25 | 77,875 | 26 | 72,249 |
| s e s | | Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34. | | | |
| and | 27 | Unrestricted net assets | 729,941 | 27 | 768,155 |
| or Fund Balance | 28 | Temporarily restricted net assets | 3,788 | 28 | 3,172 |
| 필 | 29 | Permanently restricted net assets | 0 | 29 | 0 |
| 훈 | | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete | | | |
| <u> </u> | | lines 30 through 34. | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Ř | 33 | Total net assets or fund balances | 733,729 | 33 | 771,327 |
| - | 34 | Total liabilities and net assets/fund balances | 811,604 | 34 | 843,576 |

Part XI Financial Statements and Reporting

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | Yes | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | Νo |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both | | | |
| | ▼ Separate basis | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

Form **990** (2009)

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DLN: 93493195011020

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization GREATER PEORIA CONTRACTORS AND SUPPLIERS ASSOCIATION INC

Employer identification number 37-1004333 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

| | organization answered "Yes" to Form 99 | 0, Part IV, line 6. | <u> </u> |
|-----|--|--|---|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o | | oradvised Yes No |
| 6 | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit | | · |
| Pai | t II Conservation Easements. Complete | if the organization answered "Yes" to | o Form 990, Part IV, line 7. |
| 2 | Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality of the transfer of | on or pleasure) Preservation of an Preservation of a c | historically importantly land area certified historic structure of a conservation |
| | easement on the last day of the tax year | 1 | Held at the End of the Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| c | Number of conservation easements on a certified his | toric structure included in (a) | 2c |
| d | Number of conservation easements included in (c) ac | ` ′ | 2d |
| 3 | Number of conservation easements modified, transfe | L | |
| , | the taxable year - | rreu, releaseu, extiliguisheu, or terminate | d by the organization during |
| | | | |
| 4 | Number of states where property subject to conserva | | |
| 5 | Does the organization have a written policy regarding enforcement of the conservation easements it holds? | | lling of violations, and Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, insp | ecting and enforcing conservation easem | ents during the year ► |
| 7 | A mount of expenses incurred in monitoring, inspecting | ng, and enforcing conservation easements | during the year 🟲 \$ |
| 8 | Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$? | (d) above satisfy the requirements of sec | tion Yes No |
| 9 | In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen | he footnote to the organization's financial nents | statements that describes |
| Par | Complete if the organization answered " | | or Other Similar Assets. |
| 1a | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin | for public exhibition, education or researc | ch in furtherance of public service, |
| b | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items | oublic exhibition, education, or research ii | • |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ |
| 2 | If the organization received or held works of art, histofollowing amounts required to be reported under SFAS | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |

b Assets included in Form 990, Part X

| Par | Organizations Maintaining Co | llections of Art | t, His | tori | <u>cal Tr</u> | easu | res, or Ot | <u>her</u> | Similar A | ssets | (conti | inued) |
|---------|---|----------------------|---------|---------|---------------|----------|----------------|------------|-----------------|---------------|----------------|------------------|
| 3 | Using the organization's accession and other items (check all that apply) | r records, check an | y of th | ne foll | owing | that are | e a significar | nt us | e of its collec | tıon | | |
| а | Public exhibition | | d | Γ | Loan | orexch | nange progra | ms | | | | |
| b | Scholarly research | | e | Γ | Other | - | | | | | | |
| С | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIV | ollections and expla | ıın hov | w the | y furthe | er the o | rganızatıon's | exe | empt purpose | ın | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | , | | | | | lar | ┌ Ye | s 「 | - No |
| Par | t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an | | | | | | answered | "Ye | s" to Form | 990, | | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ıan or other ınterme | ediary | for c | ontribu | itions o | r other asse | ts no | ot | Г Ye | s 「 | No |
| b | If "Yes," explain the arrangement in Part XI\ | / and complete the | follow | /ıng ta | able | | | | Aı | mount | | |
| c | Beginning balance | | | | | | 1 | .c | | | | |
| d | Additions during the year | | | | | | 1 | .d | | | | |
| e | Distributions during the year | | | | | | 1 | .е | | | | |
| f | Ending balance | | | | | | 1 | .f | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X. lin | e 21? | | | | | | | ┌ Ye | s Γ | No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | | | , | , | |
| | rt V Endowment Funds. Complete | | n ans | were | ed "Ye | s" to F | orm 990. I | Part | IV, line 10. | | | |
| | | (a)Current Year | | Prior ` | | | | | hree Years Back | (e) Fo | ur Years | s Back |
| 1a | Beginning of year balance | | | | | | | | | | | |
| b | Contributions | | | | | | | | | | | |
| c | Investment earnings or losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held | as | | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | % | | | | | | | | | | |
| b | Permanent endowment 🕨 % | | | | | | | | | | | |
| С | Term endowment ► % | | | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiz | ation | thata | are held | d and a | dmınıstered | for t | he | | | |
| | organization by | | | | | | | | | | es l | No_ |
| | (i) unrelated organizations | | | • | | | | • | 3a | • • | | |
| | (ii) related organizations | | | | | | | • | 3a | | _ | |
| ь 4 | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th | • | | | | | | • | 3 | Ь | | |
| | t VI Investments—Land, Buildings | <u>-</u> | | | | 90 Da | rt X line 1 | <u></u> | | | | |
| rei | t vi investments—Land, buildings | , and Equipme | iit. 3 | |) Cost o | • | (b)Cost or ot | | (c) Accumulate | ,d | | |
| | Description of investment | | | | sis (inve | | basis (other | | depreciation | :u (c | 1) Book | value |
| 1a | Land | | | | | | 50,0 | 000 | | \perp | | 50,000 |
| b | Buildings | | • | | | | 327,0 | 046 | 102, | 173 | 2 | 24,873 |
| c | Leasehold improvements | | • | | | | | | | | | |
| _ | | | | | | | | - 1 | | | | |
| | Equipment | | • | | | | 109, | 142 | 86, | 026 | | 23,116 |
| d e_ | Equipment | <u> </u> | | | | | 109,: 99,! | - | <u> </u> | 026 636 | | 23,116 52,898 |

| Part VII Investments—Other Securities. See | Form 990, Part X, line 1 | |
|---|---|--|
| (a) Description of security or category (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value |
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
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| (-, | <u>' </u> | |
| Part VIII Investments—Program Related. Se | e Form 990, Part X, line | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | | Cost of one of your market value |
| | | |
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| Total (Column (h) should equal Form 990, Part Y, col (R) line 13.) | • | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li (a) Description | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. ption | (b) Book value |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X | ne 15. ption | |
| Part IX Other Assets. See Form 990, Part X, III (a) Description of the second | ne 15. ption | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X | ne 15. ption (5.) (7.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | ne 15. ption (5.) (7.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 3 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | ne 15. ption (5.) (, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL TAXES | ne 15. ption 15.) C, line 25. (b) A mount 660 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL TAXES | ne 15. ption 15.) C, line 25. (b) A mount 660 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL TAXES | ne 15. ption (5.) (, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL TAXES | ne 15. ption (5.) (, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL TAXES | ne 15. ption (5.) (, line 25. (b) A mount | |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL TAXES | ne 15. ption (5.) (, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL TAXES | ne 15. ption (5.) (, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL TAXES | ne 15. ption (5.) (, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL TAXES | ne 15. ption (5.) (, line 25. (b) A mount | |

| Par | Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | ITS |
|------|--|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 |
| 4 | Net unrealized gains (losses) on investments | 4 |
| 5 | Donated services and use of facilities | 5 |
| 6 | Investment expenses | 6 |
| 7 | Prior period adjustments | 7 |
| 8 | Other (Describe in Part XIV) | 8 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 |
| | XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| а | Net unrealized gains on investments | |
| ь | Donated services and use of facilities | |
| c | Recoveries of prior year grants | |
| d | Other (Describe in Part XIV) 2d | |
| e | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | |
| b | Other (Describe in Part XIV) 4b | |
| c | Add lines 4a and 4b | 4c |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Return |
| 1 | Total expenses and losses per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| а | Donated services and use of facilities | |
| ь | Prior year adjustments | 1 |
| c | Other losses | 1 |
| d | Other (Describe in Part XIV) 2d | 1 |
| e | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b | Other (Describe in Part XIV) |] |
| c | Add lines 4a and 4b | 4c |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 |
| Par | t XIV Supplemental Information | |
| | nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t | |

Identifier Return Reference Explanation

additional information

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In-person solicitations

DLN: 93493195011020

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. 🟲 Attach to Form 990 or Form 990-EZ. 🏲 See separate instructions.

Employer identification number Name of the organization GREATER PEORIA CONTRACTORS AND SUPPLIERS ASSOCIATION INC Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

| (i) Name of individual or entity (fundraiser) | (ii) A ctivity | (iii) Did fundraiser have custody or control of contributions? Yes No | | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) A mount paid to (or retained by) organization |
|---|----------------|--|--|--------------------------------------|--|--|
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| Total | | | | | | |

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

| | | | (a) Event #1 GOLF OUTING | | | (d) To (Add col | (a) th | |
|-------------|-------|---|----------------------------|---|-------------------------|--------------------|---------------|-------|
| | | | (event type) | (event type) | (total number) | co | l (c)) | |
| Revenue | 1 | Gross receipts | 29,080 | | | | 29 | 9,080 |
| eve | 2 | Less Charitable contributions | | | | | | |
| <u> </u> | 3 | Gross income (line 1 minus line 2) | 29,080 | | | | 29 | 9,080 |
| | 4 | Cash prizes | (| | | | | |
| မှာ | 5 | Non-cash prizes | 9,343 | 3 | | | 9 | 9,34 |
| Expenses | 6 | Rent/facility costs | 7,430 | o l | | | - | 7,430 |
| ចំ ១ | 7 | Food and beverages | 8,803 | 3 | | | : | 8,80 |
| Direct | 8 | Entertainment | (| | | | | |
| 5 | 9 | Other direct expenses . | 255 | 5 | | | | 255 |
| | 10 | Direct expense summary Add lir | ies 4 through 9 in column | ı(d) | 🛌 | | 2! | 5,831 |
| | 11 | Net income summary Combine I | nes 3, column d, and line | 10 | | | | 3,249 |
| ar | t III | Gaming. Complete if the o \$15,000 on Form 990-EZ, li | | "Yes" to Form 990, Pa | rt IV, line 19, or repo | orted mor | e thar | 1 |
| Reveilue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) O ther gaming | (d) To (Add col | | |
| | 1 (| Gross revenue | | | | | | |
| မွာ | 2 (| Cash prizes | | | | | | |
| ckpenses | 3 1 | Non-cash prizes | | | | | | |
| | 4 | Rent/facility costs | | | | | | |
| 년 교 조 | 5 (| Other direct expenses | | | | | | |
| | 6 \ | Volunteer labor | ┌ Yes <u>%</u> | ┌ Yes <u>%</u> | │ Yes% │ No | | | |
| | | Direct expense summary Add line | | | | | | |
| | 8 | Net gaming income summary Con | ndine lines 1, column d, a | nd line / | <u> </u> | | Yes | No |
| 9 a | | er the state(s) in which the organiz ne organization licensed to operate | | | | · 9a | | |
| b | If"N | lo," Explain | | | | | | |
| | | a any of the organization's gaming | licenses revoked, susper | nded or terminated during | the tax year? | 10a | | |
| 0a b | | es," Explain | | | | | | |

| | | Yes | No |
|-----------|--|----------|----|
| 13 | Indicate the percentage of gaming activity operated in | | |
| а | The organization's facility | | |
| b | An outside facility | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | | | |
| | Name 🟲 | | |
| | | | |
| | | | |
| | Address - | | |
| | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | | |
| | revenue? | , | |
| b | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the | + | |
| | amount of gaming revenue retained by the third party 🟲 \$ | | |
| c | If "Yes," enter name and address | | |
| | | | |
| | Name 🟲 | | |
| | | | |
| | | | |
| | Address • | | |
| 16 | | | |
| 16 | Gaming manager information | | |
| | | | |
| | Name 🟲 | | |
| | Name F | | |
| | Gaming manager compensation 🕨 \$ | | |
| | | | |
| | Description of services provided - | | |
| | Director/officer Employee Independent contractor | | |
| | I Director/officer I Employee I Independent contractor | | |
| .7 | Mandatory distributions | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | <u> </u> | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent | | |
| | in the organization's own exempt activities during the tax year ▶ \$ | 1 | |

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DLN: 93493195011020

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Open to Public

Inspection

| Name of the organization |
|-------------------------------|
| GREATER PEORIA CONTRACTORS |
| AND SUPPLIERS ASSOCIATION INC |

Employer identification number

37-1004333

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI, Section A, line 6 | | THE ORGANIZATION HAS MEMBERS WHO PAY QUARTERLY DUES |
| Form 990, Part VI, Section A, line 7a | | MEMBERS ELECT OFFICERS FOR THE BOARD OF DIRECTORS AT THE ANNUAL MEETING, HELD IN JANUARY |
| Form 990, Part VI, Section B, line 11 | | THE EXECUTIVE DIRECTOR REVIEWS THE RETURN BEFORE SIGNING |
| Form 990, Part VI, Section B, line 12c | | OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY MEMBERS' BUSINESS ACTIVITIES ARE WELL KNOWN IN THE LOCAL AREA |
| Form 990, Part VI, Section C, line 19 | | INFORMATION IS AVAILABLE FOR PUBLIC INSPECTION BY WRITTEN REQUEST |

Additional Data

Software ID: Software Version:

EIN: 37-1004333

Name: GREATER PEORIA CONTRACTORS

AND SUPPLIERS ASSOCIATION INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|------------------------|---------------|----------------------|--|---|--|
| INDUSTRY FUND ADMINIST | 561,000 | 234,963 | 234,963 | | |
| MEMBERSHIP DUES | 541,900 | 153,610 | 153,610 | | |
| PLAN ROOM | 519,100 | 109,445 | 109,445 | | |
| PRINT COPY | 561,439 | 22,257 | 22,257 | | |
| MEMERSHIP/PROMOTION PR | 541,900 | 15,055 | 15,055 | | |